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(Re	equestor's Name)			
(Ac	ldress)	<u> </u>		
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SECREPANY OF STATE
WILLAMASSEE BLOOMS

O SIMMONS MAR 27 2018

COVER LETTER

TO:	_	stration Section sion of Corporations			
	DIVIS	non or Corporations			
SUBJ	ECT:	GYPSY SUNDAY LLC			
		(Name of Limited Liability Company)			
The e	nclosed	d member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please	e return	all correspondence concerning t	his matter to:		
GLO	RIA M	ARTINEZ			
		(Contact Person)	<u> </u>	-	
GYP	SY SL	INDAY LLC			
		(Firm/Company)		-	
8827	'SW 1	23 CT UNIT 409			
		(Address)		-	
MIAN	ИI, FL	33186			
		(City/State and Zip Code)	·-	-	
For fu	ırther i	nformation concerning this matte	r, please call:		
GLO	RIA M	ARTINEZ	786	273-2532	
	(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
	sed ple 5 Filing	ease find a check made payable to g Fee		Department of State for: Fee & Certified Copy	
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section	
_		Corporations		Division of Corporations	
	on Buile	-		P.O. Box 6327	
		tive Center Circle		Tallahassee, Florida 32314	
		Florida 32301			

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Departmen
	SY SUNDAY LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1600011953	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, VALERIE ZE	NNI , hereby withdraw/resign as a
	ame of Person Resigning)
AUTHORIZEI	MEMBER
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Va	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)